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## Medical Encyclopedia

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## Premenstrual syndrome

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### Illustrations



Premenstrual bloating



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### PMS

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Premenstrual syndrome (PMS) involves symptoms that occur in relation to the menstrual cycle and which interfere with the woman's life. The symptoms usually begin 5 to 11 days before the start of menstruation. Symptoms usually stop when menstruation begins, or shortly thereafter.

See also [premenstrual dysphoric disorder \(PMDD\)](#).

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An exact cause of PMS has not been identified. However, it may be related to social, cultural, biological, and psychological factors. PMS can occur with apparently normal ovarian function (regular ovulatory cycles).

PMS is estimated to affect up to 75% of women during their childbearing years.

It occurs more often in women between their late 20s and early 40s, those with at least one child, those with a family history of a major depression disorder, or women with a past medical history of either postpartum depression or an affective mood disorder.

As many as 50-60% of women with severe PMS have an underlying psychiatric disorder.

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A wide range of physical or emotional symptoms have been associated with PMS. By definition, such symptoms must occur during the second half of the menstrual cycle (14 days or more after the first day of the menstrual period) and be absent for about 7 days after a menstrual period ends (during the first half of the menstrual cycle).

The most common symptoms include:

- Headache
- Swelling of ankles, feet, and hands
- Backache
- Abdominal cramps or heaviness
- Abdominal pain
- Abdominal fullness, feeling gaseous
- Muscle spasms
- Breast tenderness
- Weight gain
- Recurrent cold sores
- Acne flare-ups
- Nausea
- Bloating
- Constipation or diarrhea
- Decreased coordination
- Food cravings
- Less tolerance for noises and lights
- Painful menstruation

Other symptoms include:

- Anxiety or panic
- Confusion
- Difficulty concentrating
- Forgetfulness
- Poor judgment
- Depression
- Irritability, hostility, or aggressive behavior
- Increased guilt feelings
- Fatigue
- Slow, sluggish, lethargic movement
- Decreased self-image
- Sex drive changes, loss of sex drive
- Paranoia or increased fears
- Low self-esteem

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There are no physical examination findings or lab tests specific to the diagnosis of PMS. It is important that a complete history, physical examination (including pelvic exam), and in some instances a psychiatric evaluation be conducted to rule out other potential causes for symptoms that may be attributed to PMS.

A symptom calendar can help women identify the most troublesome symptoms and to confirm the diagnosis of PMS.

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Self-care methods include exercise and dietary measures. It is also important to maintain a daily diary or log to record the type, severity, and duration of symptoms.

A "symptom diary" should be kept for a minimum of 3 months in order to correlate symptoms with the menstrual cycle. The diary will greatly assist the health care provider not only in the accurate diagnosis of PMS, but also with the proposed treatment methods.

Nutritional supplements may be recommended. [Vitamin B6](#), calcium, and magnesium are commonly used.

Prostaglandin inhibitors (aspirin, ibuprofen, other NSAIDS) may be prescribed for women with significant pain, including headache, backache, menstrual cramping and breast tenderness. Diuretics may be prescribed for women found to have significant weight gain due to fluid retention.

Psychiatric medications and or therapy may be used for women who exhibit a moderate to severe degree of anxiety, irritability, or depression.

Hormonal therapy may include a trial on oral contraceptives, which may either decrease or increase PMS symptoms. The use of progesterone vaginal suppositories during the second half of the menstrual cycle is still controversial.

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After proper diagnosis and the treatment of specific symptoms has been initiated, most women with PMS obtain significant relief.

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PMS symptoms may become severe enough to prevent women from maintaining normal function.

Women with depression may note increasing severity of symptoms during the second half of their cycle and may require associated medication adjustments. The suicide rate in women with depression is significantly higher during the latter half of the menstrual cycle.

See also [premenstrual dysphoric disorder \(PMDD\)](#).

**Calling your health care provider** [Return to top](#)

Call for an appointment with your health care provider if PMS does not resolve to self-treatment measures, or if symptoms occur that are severe enough to limit your ability to function.

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Some of the lifestyles changes often recommended for the treatment of PMS may actually be useful in preventing symptoms from developing or getting worse.

Regular exercise and a balanced diet (with increased whole grains, vegetables, fruit, and decreased or no salt, sugar, alcohol, and caffeine) may prove beneficial.

The body may have different sleep requirements at different times during a woman's menstrual cycle, so it is important to get adequate rest.

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Updated by: Sharon Roseanne Thompson, M.D., M.P.H., Clinical Fellow, Department of Obstetrics & Gynecology, Brigham and Women's Hospital, Boston, MA. Review provided by VeriMed Healthcare Network.

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